

From: Keith Ashley <keith@northtexasmoney.com>
Sent: Monday, January 27, 2020 2:08 PM
To: tdressen@sfgmembers.com
Subject: Fwd: Beneficiary Change form
Attachments: scan0004.pdf; ATT00001.htm

See below

Keith Ashley

Begin forwarded message:

From: Keith Ashley <keith@northtexasmoney.com>
Date: January 27, 2020 at 11:24:32 AM CST
To: "jjennings@sfgmembers.com" <jjennings@sfgmembers.com>
Subject: Beneficiary Change form

Mrs. Jennings,

Here is copy of what Mr. Seegan form . I am emailing this to you per your instructions. Please advise upon review if this is filled out correctly this time.

Securities offered through Parkland Securities, LLC, member FINRA/SIPC.



3965

BENEFICIARY CHANGE REQUEST

Policy/Certificate Number(s)

| | | | |
|------------|--|--|--|
| 1505080593 | | | |
|------------|--|--|--|

Section 1: Insured

| | | |
|--|--|---------------------|
| First Name James | Middle Name E | Last Name Seegan |
| Permanent Address: City, State, Zip Code 2114 CANNES DRCARROLLTON TX 75006-2923 | <input type="checkbox"/> Please check if you would like the address listed to be the address of record for the policy. Phone Number 214-535-5719 | |
| Date of Birth [REDACTED] 1957 | Social Security Number/Tax Identification Number (TIN) [REDACTED] 3737 | |
| The policy proceeds payable upon the death of the insured for each policy listed above will be paid to the beneficiaries named herein. | | |

Section 2: Owner (If different than Insured)

If there are multiple owners, please designate one address for all policy correspondence to be mailed to since our administrative systems will only allow one address for mailing. Please note: If you do not indicate an address for mailing, the first owner listed will become the nominee owner and receive all correspondence.

| | | |
|---|--|-----------|
| First Name | Middle Name | Last Name |
| Permanent Address: City, State, Zip Code N | <input type="checkbox"/> Please check if you would like the address listed to be the address of record for the policy. Phone Number | |
| Date of Birth | Social Security Number/Tax Identification Number (TIN) | |

Section 3: General Provisions

- Please complete the form(s) in their entirety to avoid delays in processing.
- Please use percentages in your designation - fractions and dollar amounts are not accepted. **Designations must equal 100%.**
- All beneficiary changes **MUST** include the designation of a Primary Beneficiary. Even if you only want to change the Contingent Beneficiary, you must restate the Primary Beneficiary.
- To distribute proceeds "per stirpes" please check the box. Per Stirpes is a common way of distributing proceeds where if one or more of your beneficiaries has died, his or her children share equally in his or her share of the proceeds (also known as Right of Representation). If per stirpes is selected it is required to attach a separate page listing the names, social security numbers, date of birth, address and phone numbers for all children.

Continued on Page 2

3965

Midland National Life Insurance Company • Administrative Office: One Sammons Plaza, Sioux Falls, SD 57193 • Principal Office: West Des Moines, IA
Phone: (800) 923-3223 • Fax: (877) 841-6706 • MidlandNational.com

REV 11-15

Page 1 of 7

071002

- Contingent Beneficiaries will receive death benefit proceeds in the event that the Primary Beneficiary predeceases the insured and if the primary designation did not include "per stirpes".
- If you need additional space or wish to designate more than four beneficiaries, attach another sheet marked "Attachment." Each attachment must contain policy number(s) and be signed and dated.
- If a Trust is named beneficiary, complete the Certification of Trust in section 6. The Company is not required to know or research the terms of the Trust. Payment to the named trust will fully discharge all liability of the Company to the extent of such payment.
- If the owner is a Company or Plan, please provide a current list of those authorized to sign on the company's behalf. The form must be signed by two authorized representatives (signors).
- If a legal representative signs for the Owner, supporting legal documentation must accompany the form.
- Any payment to a minor beneficiary will be held with the Company until the state's age of majority or until Legal Guardianship of the minor's Estate is established or unless otherwise permitted by law.
- If the Insured's Estate is selected as Primary Beneficiary, a Contingent Beneficiary does not apply.
- If the owner resides in Massachusetts, the owner's signature must be witnessed by a disinterested person over 18 who is not being named beneficiary.

BENEFICIARY CHANGE REQUEST

Section 4A: Primary Beneficiary(ies)

* fields are required for processing the Beneficiary Change request.

| | | | |
|---|------------------------|---|-------------|
| Name* | | | Percentage* |
| James E Seegan Revocable Trust | | | 100 % |
| Date of Birth (mm/dd/yy)* 4/16/2019 | Relationship* Trust | Phone Number 972-658-6113 | |
| Street Address | City | State | Zip |
| Social Security Number/TIN Number* [REDACTED] 3737 | | Please distribute the proceeds "Per Stirpes" <input type="checkbox"/> | |

| | | | |
|------------------------------------|---------------|---|-------------|
| Name* | | | Percentage* |
| Date of Birth (mm/dd/yy)* | Relationship* | Phone Number | % |
| Street Address | City | State | Zip |
| Social Security Number/TIN Number* | | Please distribute the proceeds "Per Stirpes" <input type="checkbox"/> | |

| | | | |
|------------------------------------|---------------|---|-------------|
| Name* | | | Percentage* |
| Date of Birth (mm/dd/yy)* | Relationship* | Phone Number | % |
| Street Address | City | State | Zip |
| Social Security Number/TIN Number* | | Please distribute the proceeds "Per Stirpes" <input type="checkbox"/> | |

| | | | |
|------------------------------------|---------------|---|-------------|
| Name* | | | Percentage* |
| Date of Birth (mm/dd/yy)* | Relationship* | Phone Number | % |
| Street Address | City | State | Zip |
| Social Security Number/TIN Number* | | Please distribute the proceeds "Per Stirpes" <input type="checkbox"/> | |

If you need more space or have attached additional sheets to your form, please check this box . You may use additional blank pages completed with beneficiary information, signed and dated on each sheet. Include the word "Attachment" and policy numbers on each additional sheet.

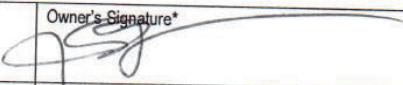
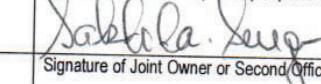
Section 5: Signature of ALL Owners

If this transaction is subject to a **community property** interest, we strongly recommend that You obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

You understand and agree that the Company may presume that no community property interest exists if You have not obtained your spouse's signature below. Further, You understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, You agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction.

Please note that the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

I hereby revoke all previous beneficiary designations and request Midland National Life Insurance Company change the beneficiaries for the listed contract or policy.

| | |
|-------------------|---|
| Date 1/24/2020 | Owner's Signature*  |
| Date 1/24/2020 | Signature of Owner's Spouse (Required if issue or resident state is AK, AZ, CA, ID, LA, NV, NM, TX, WA WI)  |
| Date | Signature of Joint Owner or Second Officer with Title |
| Date | Signature of Disinterested Witness (Required in Massachusetts) |

If you are signing on behalf of the owner, as a legal representative, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide the court documents to verify you are authorized to act on behalf of the owner and have the authority to make such a change.

Conservator Guardian Power of Attorney

| | |
|---|------|
| Printed Name | |
| Signature | Date |
| Signature of Witness (Required Only in Massachusetts) | |

CERTIFICATION OF TRUST AGREEMENT
Please complete using information from the Trust document

Section 6: Trust Agreement

Policy No(s): *Please state pending if this form is being submitted with a new application.
1505080593

Name of Insured(s): First Name

JAMES

First Name

M.I.

E

Last Name

Seegan

Full Name of Trust

JAMES

M.I.

E

Last Name

Seegan

Trust Effective Date

April 16 2019

Trust Identification Number/Tax ID Number

SS#**TAX ID NUMBER**

Which state law governs this Trust?

TEXAS

Preparer of Trust

Preparer's Telephone Number

Preparer's Address

Street

City

State

Zip

Is the trust a beneficiary? Yes NoIs this a testamentary trust? Yes No If yes, please sign and date here
James E Seegan **1-23-2020** and return the form. If no, complete the remainder of the form before returning. **If this form is being completed in connection with a death claim, complete the remainder of the form before returning.

Name of Grantor(s)/Settlor(s): First Name

M.I.

Last Name

First Name

M.I.

Last Name

Name/Address of all current Trustee(s): *Please attach additional pages if insufficient space has been provided.

Trustee(s) Date of Birth:

Trustee(s) SSN:

Trustee(s) Telephone #:

Name/Address of Successor Trustee(s) if current trustee(s) resign or cannot fulfill their duties: *Please attach additional pages if insufficient space has been provided.

- The above referenced Trust Agreement (the "Trust") requires that: (Please mark the appropriate box.)
 all Trustees a majority of Trustees any Trustee Trust only has one Trustee must sign documents pertaining to the above-referenced Policy which require a signature.
- The insurance agent or any person affiliated with the insurance agent is not a beneficiary of the above referenced trust.
 Agree Disagree

* If marked disagree, please attach an explanation of why your agent or person affiliated with your agent is named as a beneficiary of the trust.
 Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract sold by that agent, unless that agent is a family member, or has a recognized insurable interest. Additionally, our Company policy prohibits our agents from serving in any capacity that may be construed as creating a direct or indirect conflict of interest with regard to a contract or contracts for which they are or have been the agent(s) of record.

- The relationship of the Trust Beneficiary(ies) to the Insured is:

Spouse Children Grandchildren Other _____

Please explain.

- Was the Trust validly executed, and is it in full force and effect? Yes No

Please be advised that the Insurer reserves the right to request and receive a copy of the Trust documents if it determines that it is necessary to do so. Before the Insurer pays proceeds at the death of the Owner/Insured of the Policy(s) it may also require proof that the Trust is then in full force and effect.

Declaration by Trustee(s)

The Trustee(s) states and agrees that if the Trust is named as owner, it is authorized under the terms of the Trust to purchase and hold insurance; that if the Trust is named as beneficiary of the Policy(s), it is authorized to receive insurance proceeds. The Trustee represents that they have determined the suitability of the Policy for the Trust.

The Trustee agrees that the Insurer's sole obligation is to perform under the terms of the Policy(s). The Trustee also agrees that the Insurer may rely on the signature(s) of the Trustee(s) on behalf of the Trust in the same regard as if they were the actual owner or beneficiary of the Policy(s); the Insurer may rely solely on this Certification as well as the statements and representations made in the associated application, as a basis for issuing and/or performing obligations of the above-referenced Policy and to determine the trust is in effect and the information provided is accurate; the Insurer has no obligation to investigate the terms of the Trust or the authority of the Trustee(s) and will not be accountable for knowledge about the terms of the Trust beyond this Certification; the Insurer expressly denies responsibility regarding the use and applications of any payments to the Trustee(s); the Insurer has no obligation to determine the Policy's conformance to income distribution requirements of the Trust agreement.

The Trustee(s) declares they have had an opportunity to consult with their own independent legal, tax and trust advisors concerning the appropriateness of the Policy(s) for the Trust and they have the authority to execute this Agreement and bind the Trust to the terms therein. As Trustee(s), and on behalf of the Trust, agree to hold the Insurer and its agents, employees, and other representatives harmless from any action the Insurer takes at the direction of the Trustee(s); unless such hold harmless is not permitted by applicable law.

The Trustee(s) declares, solely in its capacity as trustee and not individually and on behalf of the Trust, that each and every Trustee and successor Trustee are bound by this declaration. It is further understood that the Insurer may rely upon the direction of the named Trustee(s) and any named successor Trustee(s) until the Insurer receives written notification at its Administrative Office, of a change of Trustee. The Trustee(s) agrees to notify the Insurer within a reasonable time after such a change occurs.

The Trustee further acknowledges and agrees that:

The Trustee further acknowledges and agrees that:

- (a) Neither the Insurer or agents are authorized by the Company to recommend or sell Trusts while acting in their capacity as an agent for the Company and that any trust recommendation should be provided by a qualified advisor;
- (b) neither the Company nor any of its agents, employees or representatives are authorized to give tax or legal advice;
- (c) the Trustee(s) has not relied upon any representation or advice of any of the insurer's agents, employees or representatives with respect to the terms of validity of the Trust or the utilization of the Trust as the owner and/or beneficiary of this Policy; and
- (d) the purchase of this Policy is not required in conjunction with the establishment of the Trust and that any fees, costs and/or expenses associated with the establishment of the Trust are independent of any premium paid for the purchase of this Policy.

Note: The number of Trustees indicated in Question 1 must sign below.

| | | | |
|-------------------------|------|-----------------------|------|
| By: (Trustee Signature) | Date | By: Trustee Signature | Date |
| By: (Trustee Signature) | Date | By: Trustee Signature | Date |

For Corporate Trustees:

Title/Capacity of Signatory: _____

Trustee Name: _____
(Please Print or type)

Trustee Signature: X _____ Date: _____

Please include a copy of your corporate resolution showing the names and titles of the two officers authorized to sign on behalf of the entity.

00001:01

EXHIBIT 073

02

03 FILE NAME: 01-27-2020_10.26.21.8a_-_20249_-

04 _____Jennifer_Jennings_-

05 _____972_658_6113_-

06

07 DATE: January 27, 2020

08 DURATION: 0:04:30

09

10 PARTICIPANTS: Jennifer Jennings (JENNINGS)

11 Keith Todd Ashley (ASHLEY)

12

13 JENNINGS: Thank you for calling customer contact. This

14 is Jennifer. May I have your name and-

15 ASHLEY: Yes.

16 JENNINGS: -policy number?

17 ASHLEY: Yes, Jennifer. My name is Keith Ashley. I'm

18 the agent of record. My agent code is

19 OYR6.

20 I'm calling in regards to policy number

21 1505080593. Last name is Seegan,

22 S-E-E-G-A- N. First name is James.

23 JENNINGS: Thank you.

24 ASHLEY: Um, he sent up a beneficiary change form and

25 it was for, to make his testamentary trust

00002:01 the beneficiary. And he didn't fill it out
02 appropriately. So, I went to his home last
03 week. We initialed. He signed where he was
04 supposed to sign. We redid it and I faxed it
05 up on Friday, but it looks like you guys
06 didn't receive it, so I refaxed it this
07 morning. And I just wanna make sure that you
08 guys have received it. I know it hasn't been
09 processed. I just want to make sure it's
10 been received. Because I faxed it. I
11 attempted to fax it twice and it, for some
12 reason, said it was not going through. And
13 then I faxed it the third time this morning,
14 and it seems to have gone through, 'cause I
15 got a fax confirmation early this morning.

16 JENNINGS: Okay.

17 ASHLEY: Probably about 7 o'clock this morning.

18 JENNINGS: What's um... Do you know the fax number it
19 was coming from, Keith?

20 ASHLEY: Yes, it was coming from 972-442-76- No,
21 wait, I'm sorry, 7141, possibly.

22 JENNINGS: And do you know how many pages in total?

23 ASHLEY: I think it's going to be seven.

24 JENNINGS: Seven. Okay. Would you hold a few moments
25 for me?

00003:01 ASHLEY: Mm-hm.

02 JENNINGS: Thanks. [Beep] Keith, thanks so much for
03 hanging on for me here. Um, I did check with
04 my fax team. They are not showing it as an
05 incoming fax at this time. Do you maybe have
06 it in a PDF document? You could just email
07 right to me while I'm on the phone?

08 ASHLEY: That's the thing. I'm not at my office, but
09 I can later on. I- I- I can make that happen.

10 JENNINGS: Okay.

11 ASHLEY: Hand me your email address-

12 JENNINGS: Okay.

13 ASHLEY: -and I will send it straight to you.

14 JENNINGS: Send it right to my personal email address
15 here. It's my-

16 ASHLEY: [U/I]-

17 JENNINGS: -first initial, then my last name. So, it's
18 J Jennings. My last name is J-E-N-N-I-N-G-S.

19 ASHLEY: So, J-J-E-N-N-I-N-G-S.

20 JENNINGS: Yes.

21 ASHLEY: And that's at?

22 JENNINGS: At "S" like Sam, "F" like Frank, "G" like
23 giraffe-

24 ASHLEY: Mm-hm.

25 JENNINGS: -members, M-E-M-B-E-R-S, .com.

00004:01 ASHLEY: Okay. I will send it to you probably, uh,
02 probably by about, I guess, maybe twel-
03 1 o'clock, and then I will, uh, just, if you
04 can just respond that you received it.
05 JENNINGS: Yeah.
06 ASHLEY: I appreciate it.
07 JENNINGS: Absolutely.
08 ASHLEY: All right. Sounds great. Thank you.
09 JENNINGS: Thanks. Bye now
10 ASHLEY: Buh-bye.
11 -1-
12 -
13 -

00001:01

EXHIBIT 075

02

03 FILE NAME: 01-29-2020_10.38.52.9a_-_20200_-

04 _Jennifer_Bauman_-

05 _214_324_6100_(Voice).WAV

06

07 DATE: January 29, 2020

08 DURATION: 0:02:54

09

10 PARTICIPANTS: Jennifer Bauman (BAUMAN)

11 Keith Todd Ashley (ASHLEY)

12

13 BAUMAN: Thank you for calling customer contact. This
14 is Jennifer. How may I help you today?

15 ASHLEY: Uh, yes Jennifer, how are you doing today?

16 BAUMAN: I'm well, how about yourself?

17 ASHLEY: Doin' pretty good. My name is Keith Ashley
18 agent code is 0YR6.

19 BAUMAN: All right.

20 ASHLEY: I'm calling in regards to... let me, pull-
21 I'm pulling it up right now. Um, the client
22 I know is going to call me sometime today.
23 So, I wanted this answer before they do,
24 um, they, uh, uh, the- this gentleman tried
25 to submit a change of beneficiary form. It

00002:01 didn't um- It was unsuccessful and then I
02 tried to- I met with him, went over the
03 letter, y'all sent him and walked through
04 the paperwork, and then we've resubmitted
05 it. Um, and evidently his fax machine wasn't
06 working or didn't work. I attempted to fax
07 it. Didn't work. I then email it. Then they
08 didn't get it, then I re-emailed it and then
09 they got it. I just want to make sure it's
10 in the system, just so I can tell him, "Yes,
11 it's in the system. It's being worked on."
12 And the client's policy- last name is
13 Seegan, S-E-E-G-A-N. First name is James,
14 and my computer's running slow. I'll give
15 you a policy number here in just a second.
16 Here we go. Okay.
17 BAUMAN: Which policy is it for?
18 ASHLEY: It's for a \$2 million policy. He's changing
19 the beneficiary to his trust.
20 BAUMAN: Okay. And, well, let's see here.
21 ASHLEY: Testamentary- Testama- I can't even say,
22 testa- ugh, [Laughs] testamentary trust of
23 some sort, like that.
24 BAUMAN: Okay. Let's take a peek here. Okay. We do
25 have it. It has been completed as of this

00003:01 morning.

02 ASHLEY: So, it's completed-

03 BAUMAN: So-

04 ASHLEY: -as in, it is in good order and they're

05 still working on it?

06 BAUMAN: Everything's done. James E. Seegan-

07 ASHLEY: Oh, okay [Laughs]. Okay.

08 BAUMAN: -revokable testamentary trust is 100 percent

09 primary beneficiary.

10 ASHLEY: Okay. The, uh, so, when he calls, 'cause

11 he's been calling me every day. I'm like,

12 "Look, it takes-

13 BAUMAN: Yes.

14 ASHLEY: -seven to 10 days." So, I mean... [Laughs]

15 BAUMAN: Yeah. And it is complete. And a confirmation

16 letter is generating as we speak. And it

17 should go out in the mail... could come today,

18 but most likely-

19 ASHLEY: Nah [U/I].

20 BAUMAN: -probably tomorrow. But-

21 ASHLEY: Appreciate all your help.

22 BAUMAN: -they'll have it within the week. You got it.

23 ASHLEY: No problem. Thank you, ma'am. Bye-bye.

24 BAUMAN: Hey, anytime.

25 ASHLEY: Uh-huh.

00004:01 -1-

02 -

03 -

January 29, 2020

JAMES E SEEGAN
2114 CANNES DR
CARROLLTON, TX 75006-2923

Re: POLICY NUMBER: 1505080593 INSURED: James E Seegan

Dear James E Seegan:

Thank you for your recent request to change your beneficiary designation for the above listed policy.

Enclosed you will find the endorsement reflecting your requested change. Please keep this information with your policy. All previous designations have been removed and the proceeds of this policy at the time of a claim will be paid as directed on this endorsement.

To learn more about how we use and protect your information please refer to our privacy policies, which can be found at MidlandNational.com/privacy.

Please contact the Claims Department toll free at 800-923-3223 with any questions. Our service professionals are happy to assist you Monday through Thursday from 7:30 am to 5:00 pm CST and Friday from 7:30 am to 12:30 pm CST.

Sincerely,

Claims Department
Midland National

CC: file & KEITH T ASHLEY

Midland National Life Insurance Company
Administrative Office: One Sammons Plaza, Sioux Falls, SD 57193
Principal Office: West Des Moines, IA
Phone: (800) 923-3223 • Fax: (877) 841-6706 • MidlandNational.com
076001



MIDLAND NATIONAL LIFE INSURANCE COMPANY

ENDORSEMENT OF CHANGE OF BENEFICIARY

This amends your policy as stated below. Please retain with your policy.

Insured Name: JAMES E SEEGAN

Trust Name: JAMES E SEEGAN REVOCABLE TEST TRUST

Beneficiary Type: PRIMARY

Relationship: TESTAMENTARY TRUST

Percent: 100%

Tax ID Number: XX-XXX3737

Percentage of split between multiple beneficiaries may not be shown. Unless otherwise stated, proceeds shall be paid to any Primary Beneficiaries who survive the Insured, but if none survive, proceeds shall be paid to any Contingent Beneficiaries who survive, or if none survive, to the Estate of the Policyowner. It is hereby agreed that the provisions, if any, of the said policy requiring endorsement of change of beneficiary on the policy, are annulled.

A handwritten signature in black ink that reads "Brian Hansen".

Secretary

Midland National Life Insurance Company
One Sammons Plaza • Sioux Falls, SD 57193

Phone: (800) 923-3223 • Fax: (877) 841-6706 • MidlandNational.com

1505080593

076002

Page 2 of 2

00001:01 EXHIBIT 078

02

03 FILE NAME: 911 Audio.MP3

04

05 DATE: February 19, 2020

06 TIME: 5:22 pm

07

08 DURATION: 00:09:11

09

10 PARTICIPANTS: Automated Voice (AV)

11 Dida LNU (DIDA)

12 Unidentified Male 1 (UM1)

13 Unidentified Child 1 (UC1)

14 Amber LNU (AMBER)

15 Kerby Keller (KELLER)

16 Dana LNU (DANA)

17

18 AV: Wednesday, February 19, 2020. 17:21, and 53
19 seconds. [Ding]

20 DIDA: [U/I] down-

21 UM1: 911, what's the address of your emergency?

22 DIDA: Please, can you come down, okay? Um, I think
23 my husband, uh, something wrong with
24 him.

25 UM1: [U/I]-

00002:01 DIDA: Can you come- can you come over?

02 UM1: What's your address?

03 DIDA: 2114 Cannes Drive.

04 UM1: Okay, and what city?

05 DIDA: Uh, Carrollton.

06 UM1: Okay. What's a good contact number for you,

07 in case we get disconnected?

08 DIDA: I'm sorry?

09 UM1: What's a good contact phone number for you?

10 DIDA: I give you phone number. 214-796-9473.

11 UM1: Okay, tell me exactly what happened.

12 DIDA: I don't know. I- I saw him. Uh, he is

13 supposed to pick up my son, but he did not.

14 So, I took him, [U/I] my son, he came home

15 and he's just, in- in his chair and- and-

16 uh, you know, like just come and check it

17 out.

18 UM1: Okay, he has- Okay, yes ma'am. I'm get-

19 DIDA: [U/I].

20 UM1: -I'm get- I'm gonna send units to you, but

21 I- um, I need to know what they're goin' to.

22 I need to let 'em know what's going on. So,

23 what, is your husband not breathing?

24 DIDA: He- uh, he's like in the chair and seems to

25 be not breathing.

00003:01 UM1: [U/I]-

02 DIDA: Can you come and check?

03 UM1: Yes ma'am. We're sending units to you. So, I

04 just need to ask you some questions. I need

05 to see what's goin' on so we can try and

06 help him. Okay. So- So, is he actually

07 breathing?

08 DIDA: Yeah, he's- he is [U/I] in the chair. No, I

09 can- cannot see him. I'm down stair now. I'm

10 scared to... up- go upstairs.

11 UM1: Who- okay, so-

12 DIDA: He's just there in the chair.

13 UM1: He's sittin' in a chair?

14 DIDA: Yes. And no- I don't know. He open his

15 mouth. It's like sleep but not- sleep but

16 not. Can you come and check?

17 UM1: Ye- yes ma'am. So, okay, so listen. I- We-

18 We have units heading to you, okay? So, we-

19 we have that- that part covered. So, we need

20 to know from now on, what's goin' on, so we

21 can help him, okay? So, I need you to- are

22 you by him right now?

23 DIDA: No. I am downstair [U/I].

24 UM1: Okay, so, all right, can you go upstairs

25 with him? We need to check some things.

00004:01 DIDA: Can you not- can just- just send somebody?

02 UM1: Yes ma'am. We already have someone on the

03 way but we- I- we- I want you to go and

04 check so we- we gonna need to know exactly

05 what's goin' on. Is he breathing or what?

06 DIDA: Okay, [U/I] go upstair and check daddy.

07 UC1: [Cries]

08 DIDA: Hopefully not- nothing happens. [U/I]. Come

09 on. I hurt my eye [U/I].

10 UC1: Op- Open the door. I can't open [U/I].

11 DIDA: No, you gotta come in the front door. [U/I]-

12 UC1: No.

13 DIDA: -Huh? [U/I] we have-

14 UC1: No, but no [U/I].

15 DIDA: [U/I] your daddy up stair.

16 UC1: [U/I].

17 DIDA: Right there, you got to go. No, [U/I] up

18 there. Daddy? Daddy?

19 UC1: No! [U/I].

20 DIDA: [U/I]- My son's scared, okay? There's

21 somebody here.

22 UM1: Ma'am?

23 AV: Wednesday, February 19, 2020. 17:24, and 48

24 seconds. [Ding]

25 DIDA: [Ringing] [Voicemail answers] Hi, this is

00005:01 Dida. I am not here right now. Could you
02 please leave a message?
03 AV: Wednesday, February 19, 2020. 17:57, and 06
04 seconds. [Ding]
05 AMBER: This [U/I] Amber.
06 KELLER: Hi Amber, my name is Kerby Keller. Um, I'm
07 calling from Hellam, Pennsylvania. I just
08 received a call from my grandmother in
09 Frisco, Texas that her son, my uncle, has
10 passed away and that the police are there at
11 his residence now. So, I'm just tryin' to
12 call to see what's going on.
13 AMBER: Okay.
14 KELLER: [U/I]-
15 AMBER: Do you know his address?
16 KELLER: I believe it's 2114 "Kannes" K-A-N-N-E-S
17 drive, Carrollton, Texas.
18 AMBER: Okay. It looks like we do have an active
19 call there, that officers are on scene for.
20 Um, I can go ahead and um, put a call in
21 for- to have one of the officers give you a
22 call. I am not able to release any kind of
23 information, but I'll put your information-
24 KELLER: Sure.
25 AMBER: -in here to have an officer give you a call

00006:01 back. [U/I].

02 KELLER: Okay, I'll give you all my information when

03 you're ready.

04 AMBER: Okay, give me just one second. And what was

05 your first and last name?

06 KELLER: First name Kerby, K-E-R-B-Y. Last name,

07 Keller, K-E-L-L-E-R.

08 AMBER: And a good call back number for you?

09 KELLER: 717-989-5462.

10 AMBER: Okay, um, like I said, I'm gonna go ahead

11 and pass this information on to the officers

12 that are on scene. As soon as one is

13 available on scene to give you a call,

14 they'll go ahead and give you a call. It

15 will come through as a block or unknown

16 number, okay?

17 KELLER: Okay, thank you very much.

18 AMBER: You're welcome, thank you.

19 KELLER: [U/I].

20 AV: Wednesday, February 19, 2020. 20:59, and 05

21 seconds. [Ding]

22 DANA: Dispatch, this is Dana.

23 KELLER: Hi, my name is Kirby Keller. Uh, I'm calling

24 from Hellam, Pennsylvania. Um, I spoke to

25 detective Dunkin earlier, um, and I just

00007:01 tried to call her desk phone but there was
02 no answer. So, I'm not sure if she's still
03 out of the office, but, um, I got a phone
04 call earlier that my uncle, um, had passed
05 away way there in Carrollton.

06 DANA: Mm-hm.

07 KELLER: And I wondered if I could speak to detective
08 Dunkin again, or any other officer, um,
09 involved.

10 DANA: Yeah, give me one mo- what- what was his
11 address?

12 KELLER: Um, his address was 2114 "Kannes" or
13 "Cannes" C-A-N-N-E-S drive, Carrollton.

14 DANA: Okay, give me one moment. Okay, what's a
15 good number that you can be reached at?

16 KELLER: Uh, 717-989-5462

17 DANA: 5462. All right, I'm gonna put it in here
18 for one of the officers that responded to
19 the call to give you a- a call. Um, now
20 detective, she is- or Detective Dunkin is
21 probably no longer here tonight. I will put
22 in here that, um, that you had spoken to
23 them previously today. Um, but we'll put it
24 in here-

25 KELLER: Yeah.

00008:01 DANA: -so that the first available can, can give
02 you a call.
03 KELLER: Okay.
04 DANA: Just as a heads up, it's likely going to
05 come from a blocked or an unknown number.
06 And um, so when you see that pop up, just
07 go ahead and answer it, okay?
08 KELLER: Okay. Um, and I'm in Pennsylvania so, I'm
09 only about an hour ahead. So, um, I'll try
10 an- I don't know if they're gonna call me
11 back tonight, like, or-
12 DANA: Yes.
13 KELLER: -tomorrow.
14 DANA: Yeah. So, I'll put it th-
15 KELLER: I'm gonna plan on-
16 DANA: Sorry, go ahead.
17 KELLER: Oh, go ahead.
18 DANA: Oh, I'm just- I'm gonna put it in here for
19 them to call you tonight. Um, now I can't
20 tell you exactly what time they'll call you
21 tonight. Uh, if it-
22 KELLER: Right.
23 DANA: -if it starts to get too late and you
24 haven't heard from anyone, just give me a
25 call back. It has been very busy tonight,

00009:01 uh, but I'm gonna put in here for them to
02 call you as- as soon one of the officers
03 that was there is available.
04 KELLER: Okay. And I'll... I don't know if you could
05 put a note, too-
06 DANA: Mm-hm.
07 KELLER: -I'm gonna plan on um, leaving Pennsylvania
08 in the next couple days to come down there
09 and um, talk to either Detective Dunkin or...
10 and also to take care of my grandmother,
11 who's in Frisco, Texas.
12 DANA: Mm-hm.
13 KELLER: And I know my uncle left behind a 7-year-old
14 son, my cousin. So, I'm going to try and
15 help them as well. So...
16 DANA: Absolutely. I will definitely put that, that
17 you will be coming to the area in- in the
18 next- or leaving to come there the next few
19 days. And like I said-
20 KELLER: Yeah.
21 DANA: -I'm gonna get in here for them to call you
22 as- as soon as possible. Like I said, if it
23 starts to get too late tonight, just give us
24 a call back and- and let me know, And I'll
25 have someone contact you tomorrow. Um, but I

00010:01 do have it in here for them to call you as
02 soon as they can.
03 KELLER: Okay, Thank you very much Dana.
04 DANA: All right. Yes, sir. Thank you.
05 KELLER: All right. [U/I]. Bye-bye.
06 DANA: Mm bye.
07 -1-
08 -
09 -